

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/565,346-Conf. #1923		
	Filing Date	October 4, 2004		
	First Named Inventor	Jane C. Hirsh		
	Title	TOPICAL AEROSOL FOAMS		
	Art Unit	1616		
	Examiner Name	M. Haghighatian		
	Attorney Docket No.	PDX-007.01		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:
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☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City	State	Zip
Country	Telephone	Email

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature <i>Steven N. Tannenbaum</i>	Date 4/26/2011
Name Steven N. Tannenbaum	Telephone 401-762-2000 x216
Title and Company Authorized Signer, Precision Dermatology, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.